

**MEDICAL CERTIFICATE**  
**of no contraindication to practice**  
**Cycling in competition**

The undersigned, Dr./Dr. \_\_\_\_\_

Bachelor of Medicine and General Surgery, specialist in \_\_\_\_\_

And number of collegiate \_\_\_\_\_

Certifies that Mrs./Mr. examined today:

Name: \_\_\_\_\_ Surname/s: \_\_\_\_\_

With number of Identification Document: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_

After a medical examination with the completion and assessment of the appropriate complementary tests, **he/she does not have an infectious-contagious disease or psychophysical or cardiac pathology**, which prevents him/her from performing competitive cycling, so he/she is SUITABLE for its development.

Certificate issue date: \_\_\_ / \_\_\_ / \_\_\_\_\_ (for NEOM TITAN DESERT SAUDI ARABIA 2024: from 19/11/2024 to 22/11/2024)

**Doctor's Signature and Seal:**

**Valid for 1 year only.** The certificate issuance date cannot be earlier than November 22<sup>nd</sup>, 2023.

To ensure that we correctly treat all certificates sent from different countries, it is mandatory to use this form, **no others will be accepted.**

This medical certificate must be completed, dated and signed by the doctor, who stamps it and specifies its collegiate number.

This certificate must be uploaded to the participant's profile before October 15<sup>th</sup>, 2024.  
Otherwise, the registration will be cancelled without refund.

***No one may take part in the race without having presented a medical certificate.***